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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10781,850
Filing Date	February 20, 2004
First Named Inventor	Stevan P. Tofovic et al.
Art Unit	1614
Examiner Name	Unknown
Attorney Docket Number	007278-04

ENCLOSURES (Check all that apply)

- | | | |
|---|---|---|
| <input type="checkbox"/> Fee Transmittal Form
<input type="checkbox"/> Fee Attached
<input type="checkbox"/> Amendment/Reply
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input type="checkbox"/> Extension of Time Request
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Statement

<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Reply to Missing Parts/Incomplete Application
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<input type="checkbox"/> Licensing-related Papers
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<input type="checkbox"/> Petition to Convert to a Provisional Application
<input checked="" type="checkbox"/> Power of Attorney, Revocation
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<input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Proprietary Information
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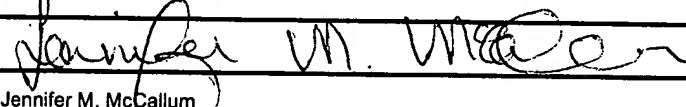
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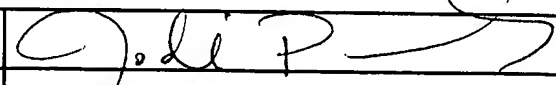
TECH CENTER 1600/2900

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The McCallum Law Firm		
Signature			
Printed name	Jennifer M. McCallum		
Date	July 6, 2005	Reg. No.	52,492

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

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Typed or printed name	Jodi Pounds	Date	July 6, 2005

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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Application Number	10/781,850
Filing Date	February 20, 2004
First Named Inventor	Stevan P. Tofovic et al.
Title	ESTRADIOL METABOLITES FOR
Art Unit	1614
Examiner Name	Unknown
Attorney Docket Number	007278-04 (Please note new number)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

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36,234

OR

☐ Practitioner(s) named below:

Name	Registration Number

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I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature	Marc S. Malandro, Ph.D.	Date	6-15-5
Name		Telephone	
Title and Company	Director, The University of Pittsburgh		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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